

NORTH CAROLINA DIVISION OF MH/DD/SAS

CURRENT SERVICE STANDARDS:

TO BE ELIMINATED

(This package includes all current service definitions that have been identified for elimination.)

1-12-04

FINAL DRAFT

***Please read the cover memo dated 1-15-04 prior to review of this document.**

DMH/DD/SAS
1-12-04

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TABLE OF CONTENTS

Case Consultation.....	2
Case Support.....	4
Community-Based Services.....	7
Consultation, Education & Primary Prevention.....	11
Day/Evening Activity.....	13
Day Supports.....	16
Day Treatment-Adult.....	19
Developmental Day.....	23
Emergency Coverage.....	27
Evaluation.....	28
Mandated Team Evaluation & Treatment/Habilitation Planning.....	30
Outpatient Treatment-Individual & Group.....	32
Personal Assistance-Individual & Group.....	36
Quality Assurance (QA) Peer Review.....	39
Residential Supports.....	40
Screening.....	43
Social Inclusion.....	45
Staff Travel-Professional & Para-Professional.....	48
Therapeutic Intervention/Crisis Prevention.....	49

Case Consultation (Bill as Outpatient Treatment)

Case consultation is a service provided to a practitioner in an agency outside the area program or to a professional in a private practice. This service may include an assessment, evaluation, or a consultation regarding the recipient who is receiving service from the other agency or professional.

Therapeutic Relationship and Interventions

Not applicable.

Structure of Daily Living

Not applicable.

Cognitive and Behavioral Skill Acquisition

Not applicable.

Service Type

This is a periodic service. This service is billable to Medicaid.

Resiliency/Environmental Intervention

Not applicable.

Service Delivery Setting

This service can be provided face-to-face in any location or by telephone.

Medical Necessity

Not applicable.

Service Order Requirement

This service is covered by the agency's standing policy.

Continuation/Utilization Review Criteria

Not applicable.

Discharge Criteria

Not applicable.

Service Maintenance Criteria

Not applicable.

Provider Requirement and Supervision

This service must be provided by a Qualified Professional.

Documentation Requirements

Documentation must be maintained as a report of consultation in a pending file.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Y2305	Y2305	120	110	120

Case Consultation

Case consultation is a service provided to an outside agency or professional for a non-area program service recipient. Typical activities billable to Medicaid are:

YES	NO
Providing information about a particular diagnosis, disability, potential services, etc.	Staff travel time.
Telephone contact with the person requesting consultation.	Time documenting in pending file, activity logs, etc.

Revised 1/7/03
FINAL DRAFT

*Please read the cover memo dated 1-15-04 prior to review of this document.

2

Direct contact with the practitioner, the recipient, or significant others to assess situation, needs, etc.	Time in preparation-reading reports, reviewing literature, synthesizing information, etc.
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Case Support

The service includes activities with and/or on behalf of a recipient of MH/DD/SA services including:
(a) case management activities performed by an individual who is not the case manager designated in

the recipient's treatment plan, or (b) other supportive activities not included in the Case Management service definition. The service is designed to meet some of the educational, vocational, residential, health, financial, social and other non-treatment needs of the individual. The service includes the arrangement, linkage or integration of multiple services (when provided by multiple providers) as they are needed or being received by the individual either within the area program, or from other agencies with those services being received through the area program. It may include training of volunteers to work with an individual client, and time spent transporting the individual to or from services, advocacy, supportive counseling, training or retraining activities required for successful maintenance or re-entry into the client's vocational or community living situation.

GUIDELINES:

- (1) Include face-to-face and telephone time in contact with individual client, collateral, other agency personnel, inter-agency staffing, training of volunteers, and time spent transporting the individual to or from services.
- (2) The services most commonly included in this category include, but are not limited to:
 - a. Case support;
 - b. Case management;
 - c. Outreach or Assertive Outreach to clients; and
 - d. Institutional Liaison.
- (3) Under the circumstance of one area program staff linking or coordinating with another staff in the same area program regarding multiple services, only one staff may claim case management/support for the interaction.
- (4) Similar services provided to non-clients are to be reported as Assertive Outreach.
- (5) Staff Travel Time to be reported separately.
- (6) Preparation/documentation time NOT reported.
- (7) Structured services including Evaluations, Outpatient Treatment/ Habilitation or After-hours services are to be reported to the appropriate service type.

Therapeutic Relationship and Interventions

There should be a supportive and helping relationship between the provider and recipient and/or primary care giver that allows access to the identified service needs. This process should offer evaluation of the service needs and the effectiveness of services through discussion with the recipient and other significant stakeholders involved with the recipient. The provider assumes the roles of advocacy, broker, coordinator, and monitor of the service delivery system on behalf of the recipient.

Structure of Daily Living

This service is designed to assess/reassess needed supports, services and treatment with the recipient and/or family members to - facilitate referrals to appropriate treatment services that will address the identified needs in consultation with the recipient, legal guardian, or caregiver. Monitoring of the service provision(s) as outlined in the service plan is an important component of the case management function and role.

Cognitive and Behavioral Skill Acquisition

This service is designed to consult with other agencies and professionals who are assessing and addressing the identified cognitive and behavioral deficits of the recipient and to facilitate referrals to appropriate treatment services. The case manager must consult with the identified provider, include their input into the service planning process, inform all involved stakeholders, and monitor the status of the recipient in relationship to the treatment goals.

Service Type

This is an indirect periodic service where the case support staff arranges, coordinates, and monitors services on behalf of the recipient. This service is not billable to Medicaid.

Resiliency/Environmental Intervention
This service includes activities on behalf of a recipient through an area program that focuses on assisting the individual/ family with the identified treatment needs in any setting or location. The case manager monitors all services in all settings and locations. At-risk and clinical case managers can both bill on the same day provided each addresses issues related to the purview of their areas of responsibilities. However, when both case managers are present at the same time (e.g. treatment meeting), they must split the time billed because Medicaid does not accept billing for two services at the same time.
Service Delivery Setting
This service is provided in any location.
Medical Necessity
<p>The recipient is eligible for this service when:</p> <p>A. There are two identified needs in the appropriate documented domains,</p> <p>AND</p> <p>B. There is an Axis I or II diagnosis present, or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a).</p> <p>AND</p> <p>C. Level of Care Criteria, level A/NC-SNAP (NC Supports/Needs Assessment Profile)/ASAM (American Society for Addiction Medicine), or children under age 3 determined to be eligible for early intervention services through procedures documented in the North Carolina Infant Toddler Program Manual (Bulletins 16 and 22) or, if over age 3, deemed eligible for services based on a documented developmental delay or disability.,</p> <p>AND</p> <p>D. The recipient is experiencing difficulties in at least one of the following areas:</p> <ol style="list-style-type: none"> 1. Is at risk for institutionalization, or hospitalization or is placed outside the natural living environment. 2. Is receiving or needs crisis intervention services, intensive in home services – including wrap around or CBS services. 3. Has unmet identified needs from multiple agencies. 4. Needs advocacy and service coordination to direct service provisions from multiple agencies. 5. DSS has substantiated abuse, neglect, or has established dependency. 6. Presenting with intense, verbal and limited physical aggression due to symptoms associated with diagnosis, which is sufficient to create functional problems in the home, community, school, job, etc.
Service Order Requirement
N/A
Continuation/Utilization Review Criteria
<p>The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the recipient's service plan or the recipient continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:</p> <ol style="list-style-type: none"> A. Recipient has achieved initial service plan goals and additional goals are indicated. B. Recipient is making satisfactory progress toward meeting goals. C. Recipient is making some progress, but the service plan (specific interventions) need to be modified so that greater gains, which are consistent with the recipient's premorbid level of functioning, are possible or can be achieved. D. Recipient is not making progress; the service plan must be modified to identify more effective interventions. E. Recipient is regressing; the service plan must be modified to identify more effective interventions.

Discharge Criteria				
Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:				
<ol style="list-style-type: none"> 1. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted. 2. Consumer has moved to a bundle service where case management is an included service. 				
Service Maintenance Criteria				
The recipient needs continued assistance and service coordination in achieving the desired outcomes in the service plan and/or other identified needs have not been addressed with any one of the following:				
A. The recipient continues to be at risk for institutionalization, or hospitalization, or is placed outside the natural living environment.				
OR				
B. The recipient continues to have unmet identified needs from multiple agencies.				
OR				
C. The recipient continues to need advocacy and service coordination to direct service provisions from multiple agencies.				
<i>*Note: Any denial, reduction, suspension, or termination of service requires notification to the individual and/or legal guardian about their appeal rights.</i>				
Provider Requirement and Supervision				
Persons who meet the requirements specified for professional or paraprofessional status for the appropriate disability population or qualified professional or paraprofessional status for the appropriate disability population according to 10 NCAC 14V. Or the N.C. Infant-Toddler Program Guidance for Personnel Certification (APSM 120-1). Supervision is provided according to supervision requirements specified in 10 NCAC 14V and according to licensure/certification requirements of the appropriate discipline.				
Documentation Requirements				
Documentation is required for area program clients in the client's regular or case management record.				
Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR –TS (MR/MI)
Not Billable	YP215	215	YA215	215

Community Based Services	
Community Based Services is psychoeducational and supportive in nature and intended to meet the mental health, developmental disability, and substance abuse needs of clients with significant functional deficits or who because of negative environmental, medical or biological factors, are at risk of developing or increasing the magnitude of such functional deficits. Included among this latter group are those at risk for significant developmental delays, atypical development, substance abuse, or mental illness/serious emotional disturbance (SED) which could result in an inability to live successfully in the community without services, support, and guidance. The most typical model has a single provider working directly with clients, parents, or other caregivers (individually or groups) in a naturally	

occurring setting (home, school etc.) on functional problems that occur in that setting. This service includes education and training of caregivers and others who have a legitimate role in addressing the needs identified in the service plan as well as preventive, developmental, and therapeutic interventions designed to direct client activities, assist with skill enhancement or acquisition, and support ongoing treatment and functional gains. CBS-Individual may be reimbursed up to 8 hours per client per day. CBS Group may be reimbursed up to 2 hours and 45 minutes per day.

Therapeutic Relationship and Interventions

There should be a supportive, therapeutic relationship between the provider and client or primary caregiver of the client which addressees and/or implements interventions outlined in the service plan in any of the following: behavioral interventions, adaptive skills training, crisis intervention, training/enhancing developmental milestones, support in transitioning from one setting or level of care to another, psychoeducational activities, community integration activities, supportive counseling, telephone contact/consult with the client to increase awareness of the disability or to caregiver to enhance support for the client, enhance skills of primary caregiver in relation to the needs of the client, enhance communication and problem solving skills, anger management, monitoring client behavior and response to treatment interventions. Interventions with primary caregiver support and compliment direct client activities.

*For those clients assessed and identified as needing developmental therapies in the service plan, direct care providers may address the following: motor, psychosocial, adaptive, cognitive, vision, sensory development, communication and hearing skills. This definition does not include SP/PT/OT by licensed therapists. They are covered under the medical benefit.

*CBS provided by a professional includes individual and group psychoeducational counseling.

Structure of Daily Living

This service is focused on assisting clients in preventing, overcoming or managing functional deficits in school, home, community and/or assisting the primary caregiver in acquiring the skills needed to assist the client in all functional domains-vocational, educational, personal care, domestic, psychosocial, communication, problem solving, adaptive, etc.

Cognitive and Behavioral Skill Acquisition

This service is intended to assist clients in better understanding how to respond to a wide range of intra/interpersonal issues related to functional deficits and in the acquisition of the behavioral skills needed to compensate for, overcome or manage those deficits and/or to assist the primary care giver in better meeting the client's needs related to functional deficits and identified needs in the service plan.

Service Type

There are two service types: Professional and Paraprofessional. Both providers may provide this service individually and on a group basis. The intent of this service is not to take the place of day/night or 24-hour services. This service is billable to Medicaid.

* See Provider requirements for distinctions between these two levels.

Resiliency/Environmental Intervention

This service focuses on assisting clients in becoming connected to naturally occurring support systems and relationships in the community including developing and providing support for health and safety factors.

Service Delivery Setting

This service is provided in home, school or any other community setting in which functional deficits have been assessed or identified. For clients in a structured program, the staff of the structured program must be involved in the treatment planning process, where the role and interventions of the CBS worker are clearly defined in the course of treatment, i.e. school, day care, etc.

Medical Necessity

There is an Axis I or II diagnosis (may include V codes) or the person has a condition that may be defined as

a developmental disability as defined in GS 122C-3 (12a).

And,

LOC level A for Group/LOC level B for Individual/ NCSNAP/ASAM or children under age 3 determined to be eligible for early intervention services through procedures documented in the North Carolina Infant Toddler Program Manual (Bulletins 16 and 22).

And,

The client is experiencing difficulties in at least one of the following areas: functional impairment, barriers to service access, crisis intervention/diversion/aftercare needs, and/ or at risk for developmental delays or atypical development in any one of the following areas-

A). The client's level of functioning has not been restored or improved and may indicate a need for community based interventions in a natural setting if any one of the following apply:

-1a. Being unable to remain in family or community setting due to symptoms associated with diagnosis, therefore being at risk for out of home placement, hospitalization, and or institutionalization.

-2a. Presenting with intensive verbal and some physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting.

-3a. Being at risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with diagnosis.

B). Functional problems which may result in the client's inability to access clinic based services in a timely and helpful manner.

C). Persistent or recurring behaviors or symptoms which result in the need for crisis services contacts, diversion from out of home placement (hospital or residential treatment) related to MH/DD/DAD diagnosis, or involuntary commitment within the relevant past.

D). Service is a part of an aftercare planning process (time limited step down or transitioning) and is required to avoid returning to a higher, more restrictive level of service.

E). At risk for developmental delays/atypical development and may need specialized therapies because of identified risk factor, as evidenced by the multidisciplinary assessment.

F). Individual requires assistance, and/ or training to access community supports and for activities of daily living.

Service Order Requirement

For Medicaid reimbursement, this service must be ordered by a primary care physician, psychiatrist, or a licensed psychologist. The service order should specify which level of CBS service is to be provided (i.e., CBS-Professional or CBS-Paraprofessional).

Continuation/Utilization Review Criteria

The desired behavior or level of functioning has not been restored, improved, or sustained over the time frame outlined in the client's service plan or the client continues to be at risk for relapse based on history or the tenuous nature of functional gains or any one of the following apply:

A). Client has achieved initial service plan goals and additional goals are indicated.

B). Client is making satisfactory progress toward meeting goals.

C). Client is making some progress but the service plan (specific interventions) should be modified to determine if greater gains are possible.

D). Client is not making progress; the service plan must be modified to identify more effective interventions.

E). Client is regressing; the service plan must be modified to identify more effective interventions.

For those clients receiving 8 hours of CBS per day, utilization review must be conducted at a minimum

of 90 days and so documented in the service record.

Discharge Criteria

Client's level of functioning has improved with respect to the goals outlined in the service plan, inclusive of a transition plan to step down, or no longer benefits, or has the ability to function at this level of care and any of the following apply:

- A). Client has achieved goals, discharge to a lower level of care is indicated.
- B). Client is not making progress, or is regressing and all appropriate treatment options have been exhausted.

Any denial, reduction, suspension, or termination of service requires notification to the client and/or legal guardian about their appeal rights. (applicable to Medicaid Services)

Service Maintenance Criteria

If the client is functioning effectively with this service and discharge would otherwise be indicated, CBS should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

- A). Past history of regression in the absence of the CBS is documented in the record.

Or

- B). In the event, there is an epidemiologically sound expectation that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM-IV diagnoses which would necessitate a disability management approach.

Any denial, reduction, suspensions, or termination of service requires notification to the individual about their appeal right. (Applicable to Medicaid Services)

Provider Requirement and Supervision

Professional level

Persons who meet the requirements specified for Professional status for the appropriate disability population or Qualified Professional Status for the appropriate disability population according to *10 NCAC 14V*. or the N.C. Infant-Toddler Program Guidance for Personnel Certification (APSM 120-1) may deliver CBS Professional Service within the requirements of the staff definition specified in the above rule. Supervision is provided according to supervision requirements specified in *10 NCAC 14V* and according to licensure/certification requirements of the appropriate discipline.

Paraprofessional level

Persons who meet the requirements specified for Paraprofessional status according to *10 NCAC 14V*. or the N.C. Infant-Toddler Program Guidance for Personnel Certification (APSM 120-1) may deliver CBS Paraprofessional Services within the requirements of the staff definition specified in the above rule. Supervision of Paraprofessionals is also to be carried out according to *10 NCAC 14V*.

**** Staff previously providing HRI-P or CBI will be "grandfathered" in and allowed to provide CBS. However all new hires must meet the above requirements.

Documentation Requirements

Minimal standard is a daily contact log that describes provider's intervention directly related to the goal listed in the service plan at the paraprofessional level.

Minimal standard is a daily full service note that includes the purpose of contact, describes provider's intervention, and effectiveness of the intervention at the professional level.

The client's service plan identifies the areas of functional deficits, preferences, goals, service types, and intervention, along with frequency which will be provided to restore, improve or maintain the client level of functioning.

A step down plan of action and/or clinical justification in the service plan must be included for clients receiving more than 3 hours per day of CBS.

Appropriate Service Codes

Service type	Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR – TS (MR/MI)
Professional ECI-Individual	Y2364	Y2364	490	N/A	N/A
Professional ECI-Group of 2	Y2365	Y2365	491	N/A	N/A
Professional ECI-Group +3	Y2366	Y2366	492	N/A	N/A
Professional-Individual	Y2367	Y2367	480	480	480
Professional Group of 2	Y2368	Y2368	481	481	481
Professional Group +3	Y2369	Y2369	482	482	482
Paraprofessional- Individual	Y2370	Y2370	470	470	470
Paraprofessional- Group of 2	Y2371	Y2371	471	471	471
Paraprofessional-Group +3	Y2372	Y2372	472	472	472

Consultation, Education & Primary Prevention

Consultation is a service provided to other mental health, human service, and community planning/development organizations or to individual practitioners in other organizations. The service is designed to assist in the development of insights and skills of the practitioner necessary for service responsibility. The ultimate goal is to increase the quality of care available in the service delivery system. Additionally, this service is designed to assist organizations and/or practitioners to improve the mental health environment within their service delivery system.

Education is a service which is designed to inform and teach various groups; including clients, families, schools, businesses, churches, industries, civic and other community groups about the nature of mental health, developmental disabilities, and substance abuse disorders, and about available community resources. It also serves to improve the social functioning of recipients by increasing awareness of human behavior and providing alternative cognitive/behavioral responses to life's problems.

Primary Prevention is a service which is designed to inform and teach individuals, various groups, or the population at large about the insights and skills related to healthy living and the avoidance of mental

health, developmental disability, or substance abuse problems. The service includes activities designed to promote self-esteem and positive decision making of the recipients. The service is differentiated from secondary prevention, which may include similar activities that are targeted to specifically identified high risk populations. Examples include: classes on parenting skills offered to the general public; speeches on stress management; fun/activity fairs for children; speeches on fetal alcohol syndrome, etc.

GUIDELINES:

- (1) Include face-to-face and telephone time in contact with practitioners or groups.
- (2) Time spent organizing or staffing community coalitions, and time spent marketing EAP services to businesses, colleges, or universities are billable in this type of service.
- (3) Staff Travel Time to be reported separately.
- (4) Preparation/documentation time NOT reported.
- (5) Education groups for clients or family members, when provided as a part of an individual treatment plan, should be reported as High Risk Intervention or Outpatient Treatment/Habilitation as defined.
- (6) Prevention activities that are targeted to specifically identified high risk children and youth are considered to be secondary prevention and should be reported as High Risk Intervention as defined.

Therapeutic Relationship and Interventions

N/A

Structure of Daily Living

N/A

Cognitive and Behavioral Skill Acquisition

N/A

Service Type

This is a periodic type of service. This service is not billable to Medicaid.

Resiliency/Environmental Intervention

N/A

Service Delivery Setting

May be provided in any location

Medical Necessity

N/A

Service Order Requirement

N/A

Continuation/Utilization Review Criteria

N/A

Discharge Criteria

N/A

Service Maintenance Criteria

N/A

Provider Requirement and Supervision

Provider must be privileged for the type of CEP that he/she is providing.

Documentation Requirements

Documentation is required in reports, a staff activity log of some kind, or event tickets.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR – TS (MR/MI)
Not Billable	YP110	110	N/A	110

Day/Evening Activity

Day/Evening activity is a day/night service, which provides supervision and an organized program during a substantial part of the day in a group setting. Participation may be on a routine or occasional basis. The service is designed to support the individual's personal independence and promote social, physical and emotional well-being. A Day/Evening activity program is distinguished from a "Drop In Center" in that the clients who participate in the program are usually referred to the program as a part of their treatment plan.

GUIDELINES:

- (1) Specific professional services provided (routinely or occasionally) to *some, but not all*, clients of the day program by professionals not assigned to the program, shall be reported and accounted for as a part of regular periodic services as defined (e.g., Screenings, Evaluations, individual or group Outpatient Treatment/ Habilitation, for example).
- (2) This service shall be available for the number of hours per day required by Licensure Rules; although, an individual may attend for fewer than three hours.
- (3) The attendance hours of children placed in mainstream day care settings and supported by area program payments are to be costed and reported as Day/Evening Activity. Expenses and staff activity related to the support of children in such settings are to be costed and reported for what they in fact are: i.e., case management; outpatient treatment/habilitation, evaluation, etc.

<p>(4) Only direct client attendance time is to be reported.</p> <p>(5) Preparation, documentation and staff travel time are not to be reported.</p> <p>(6) Social and supportive activities provided during the evening and night hours for individuals who are involved in other mental health programs (such as psychosocial rehabilitation , outpatient treatment, supportive employment, etc.) during the day are to be reported as Day/Evening Activity services.</p> <p>(7) Social and supportive activities for children before and after school.</p>
Therapeutic Relationship and Interventions
There should be a supportive and therapeutic relationship between the provider and the consumer which addresses and or implements interventions outlined in the service plan. These may include supporting the individual's personal independence and promote social, physical and emotional well-being.
Structure of Daily Living
Day/Evening service supports client through activities such as: social skills development, leisure activities, training in daily living skills, improvement of health status, and utilization of community resources.
Cognitive and Behavioral Skill Acquisition
This service is intended to assist individuals to live as independently as possible.
Service Type
This is a day/evening type of service. Under NC Administrative Code T10:14V .5400. This service is not billable to Medicaid.
Resiliency/Environmental Intervention
This service focuses on assisting the individual in becoming connected to naturally occurring support systems and supports in the community to provide and enhance opportunities for meaningful community participation.
Service Delivery Setting
May only be provided in a licensed facility.
Medical Necessity
<p>A. There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in G.S. 122C-3 (12a).</p> <p>AND</p> <p style="text-align: center;">B. <u>Level of Care Criteria, Level /NCSNAP/ASAM</u></p> <p>AND</p> <p>C. The recipient is experiencing difficulties in at least one of the following areas:</p> <ol style="list-style-type: none"> 1. functional impairment 2. crisis intervention/diversion/aftercare needs, and/or 3. at risk of placement outside the natural home setting. <p>AND</p> <p>D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:</p> <ol style="list-style-type: none"> 1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis. 2. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting. 3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis. <p>Requires a structured setting to foster successful integration into the community through individualized interventions and activities.</p>
Service Order Requirement
N/A

Continuation/Utilization Review Criteria				
<p>The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the consumer's service plan or the consumer continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:</p> <p>A. Consumer has achieved initial service plan goals and additional goals are indicated.</p> <p>B. Consumer is making satisfactory progress toward meeting goals.</p> <p>C. Consumer is making some progress, but the service plan (specific interventions) need to be modified so that greater gains which are consistent with the consumer's premorbid level of functioning are possible or can be achieved.</p> <p>D. Consumer is not making progress; the service plan must be modified to identify more effective interventions.</p> <p>E. Consumer is regressing; the service plan must be modified to identify more effective interventions.</p>				
Discharge Criteria				
<p>Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:</p> <p>1. Consumer has achieved service plan goals, discharge to a lower level of care is indicated.</p> <p>2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.</p>				
Service Maintenance Criteria				
<p>If the recipient is functioning effectively with this service and discharge would otherwise be indicated, service should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:</p> <p>A. Evidence that gains will be lost in the absence of Day/Evening Activity is documented in the service record.</p> <p style="text-align: center;">OR</p> <p>B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach.</p> <p><i>*Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.</i></p>				
Provider Requirement and Supervision				
<h2>Staffing requirement</h2> <p>Adult Mental Health One staff to Eight clients ratio. Each client admitted to a facility shall receive services from a designated qualified professional who has responsibility for the client's treatment, program or case management plan as per 10 NCAC 14V .5402(a). Para-professional staff may provide the other services needed under this definition.</p>				
Documentation Requirements				
Documentation in the client record is required.				
Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Not Billable	YP660	660	YA660	660

Day Supports

Day Supports is a service definition that allows for all supports services provided on behalf of an individual in a day setting to be delivered under one service heading and reported in an aggregate daily record.

Individual services which may be included in this service are those generally understood as habilitation/support services: Assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills which takes place in a non-residential setting, separate from the home or facility in which the individual resides. Services shall normally be furnished four (4) or more hours per day on a regularly scheduled basis, for one (1) or more days per week unless provided as an adjunct to other day activities included in an individual's plan of care.

Day Supports services shall focus on enabling the individual to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupation, or speech therapies listed in the individual's service plan. In addition, day supports services may serve to reinforce skills or lessons taught in school, therapy, or other settings.

Prevocational services are not available under other programs may be billed to this service. Such services include teaching such concepts as compliance, attendance, task completion, problem solving and safety. Prevocational services are provided to persons not expected to be able to join the general work force or participate in a transitional sheltered workshop within one year (excluding supported employment programs).

A combination of services otherwise provided under the following periodic services may be provided under this code:

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DMH/

Personal Assistance
Community Based Service
Personal Care Services-Individual
Therapeutic Intervention/Crisis Prevention

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GUIDELINES

1. Payment for day supports does not include payments made directly to members of the individual's immediate family;
2. Whereas the completion of a daily record is sufficient for the purposes of billing this service definition, records of individual services provided to the individual must be maintained for the purposes of an audit trail.

Therapeutic Relationship and Interventions

There should be a supportive therapeutic relationship between the provider and the client which addresses and/or implements interventions outlined in the service plan.

Structure of Daily Living

This service is focused on the implementation of strategies and activities in the person's service plan that support personal interaction, enhanced social roles and community membership.

Cognitive and Behavioral Skill Acquisition

This service is intended to assist individuals to live as independently as possible.

Service Type

Daily service. This service is not billable to Medicaid.

Resiliency/Environmental Intervention

This service focuses on assisting individuals in becoming connected to naturally occurring support systems and relationships in the community to provide and enhance opportunities for meaningful community participation.

Service Delivery Setting

This service can be provided in any location.

Medical Necessity

A. There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)

AND

B. Level of Care Criteria, Level NCSNAP/ASAM

AND

C. The recipient is experiencing difficulties in at least one of the following areas:

1. functional impairment
2. crisis intervention/diversion/aftercare needs, and/or
3. at risk of placement outside the natural home setting.

AND

D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:

1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.

<ol style="list-style-type: none"> 2. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting. 3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis. 4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.
Service Order Requirement
N/A
Continuation/Utilization Review Criteria
The client continues to have needs that are met by this service definition.
Discharge Criteria
<p>Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:</p> <ol style="list-style-type: none"> 1. Consumer has achieved service plan goals, discharge to a lower level of care is indicated. 2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.

Service Maintenance Criteria

If the recipient is functioning effectively with this service and discharge would otherwise be indicated, Day Supports should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

A. Evidence that gains will be lost in the absence of Day Supports is documented in the service record.

OR

B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach.

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

Provider Requirement and Supervision

Direct care providers shall meet the competencies and supervision requirements as specified in 10 NCAC 14V .0202 and .0204.

Documentation Requirements

Documentation is required as specified in the Service Records Manual.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR – TS (MR/MI)
Not Billable	YM580	N/A	N/A	580

Day Treatment
Day Treatment is a service for adults and children that include a variety of services designed to meet the treatment needs of the individual consumer in a structured setting. These services include therapeutic or rehabilitation goals and individually specific treatment objectives designed to provide intensive services that enable the consumer to maintain his residence in a non-institutional setting or to function successfully in a mainstream educational setting. Consumers may be residents of their own home, a substitute home, or a group care setting, however, the day treatment must be provided in a setting separate from the consumer's residence.
Therapeutic Relationship and Interventions
There should be a supportive, therapeutic relationship between the providers and consumer which addresses and/or implements interventions outlined in the service plan in any of the following: behavioral interventions/management, social and other skill development, adaptive skill training, enhancement of communication and problem – solving skills, anger management, family support, monitoring of psychiatric symptoms, psychoeducational activities, and positive reinforcement.
Structure of Daily Living
This service focuses on assisting consumers in overcoming or managing functional deficits in the school setting, therapeutic preschool, specialized summer day treatment, therapeutic day camp programs, Social and support activities provided during the evening and hours that recipients are involved in other programs must be deducted from the total time the recipient spent in or received other services outside the scope of this definition.
Cognitive and Behavioral Skill Acquisition
This service includes a structured approach that addresses the identified functioning problems associated with the complex conditions of the identified consumer. These interventions are designed to support symptom stability, increasing the individual's ability to cope and relate to others, and enhancing the highest level of functioning to mainstream or maintain community based services.
Service Type
This is a day/night service that must be available three hours a day minimally, with a staff-to-consumer

ratio consistent with the licensure requirements outlined in 10 NCAC 14V. This service is Medicaid billable.

Resiliency/Environmental Intervention

This service includes professional services on an individual and group basis in a structured setting that may be offered to some consumers, but not all consumers.

Service Delivery Setting

This service is provided in a licensed and structured program setting where all billable activities related to this service must take place within the normally scheduled operating hours and within the community where the Day Treatment service is located. Only the time the consumer spends in direct attendance and participation in the program can be reported.

Medical Necessity

Must have Axis I or II diagnosis,

AND,

Either One or Two met

1. Level of Care Criteria, Level C/NCSNAP/,

OR,

2. The consumer is experiencing difficulties in at least one of the following areas:

Functional impairment, crisis intervention/diversion/aftercare needs, and/or at risk for placement outside the natural home setting.

AND,

The consumer's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any one of the following apply:

1a. Being unable to remain in family or community setting due to symptoms associated with diagnosis, therefore being at risk for out of home placement, hospitalization, and/or institutionalization.

2a. Presenting with intensive, verbal and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting.

3a. Being at risk of exclusion from services, placement or significant community support system as a result of functional behavioral problems associated with diagnosis.

4a. Requires a structured setting to monitor mental stability and symptomology, and foster successful integration into the community through individualized interventions and activities.

5a. Service is a part of an aftercare planning process (time limited or transitioning) and is required to avoid returning to a higher, more restrictive level of service.

Service Order Requirement

For Medicaid reimbursement, a physician or licensed psychologist must order this service prior to or on the day the service is initiated.

Continuation/Utilization Review Criteria

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the consumer's service plan or the consumer continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

A). Consumer has achieved initial service plan goals and additional goals are indicated.

B). Consumer is making satisfactory progress toward meeting goals.

C). Consumer is making some progress, but the service plan (specific interventions) need to be modified so that greater gains which are consistent with the consumer's premorbid level of functioning are possible or can be achieved.

D). Consumer is not making progress; the service plan must be modified to identify more effective interventions.

E). Consumer is regressing; the service plan must be modified to identify more effective interventions.

AND

Utilization review must be conducted every 6 months and is so documented in the service record.

Discharge Criteria

Consumer's level of functioning has improved with respect to the goals outlined in the service plan, inclusive of a transition plan to step down, or no longer benefits, or has the ability to function at this level of care and any of the following apply:

A). Consumer has achieved goals, discharge to a lower level of care is indicated.

B). Consumer is not making progress, or is regressing and all realistic treatment options with this modality have been exhausted.

Any denial, reduction, suspension, or termination of service requires notification to the consumer and/or legal guardian about their appeal rights.

Service Maintenance Criteria

If the consumer is functioning effectively with this service and discharge would otherwise be indicated, day treatment should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

A). Past history of regression in the absence of day treatment is documented in the consumer record.

OR

B). The presence of a DSM-IV diagnosis which would necessitate a disability management approach. In the event, there is epidemiological sound expectations that symptoms will persist and that on going treatment interventions are needed to sustain functional gains.

Any denial, reduction, suspension, or termination of service requires notification to the consumer and/or legal guardian about their appeal rights.

Provider Requirement and Supervision

All services in the day treatment milieu are provided by a team, which may have the following configuration: social workers, psychologists, therapists, case managers, and other MH/SA paraprofessional staff.

Documentation Requirements

Minimum documentation is a weekly service note that includes the purpose of contact, describes the provider's interventions, and the effectiveness of the interventions.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR –TS (MR/MI)
Y2311 – Child	Y2311 – Child	670	330	N/A
Y2312 – Adult	Y2312 – Adult	670	N/A	670

***Day Treatment/PH will be separated into two separate codes in the near future for Medicaid billing.**

Day Treatment

Day Treatment is a service for adults and children which offers a variety of configurations. Day treatment typically is a long-term treatment component whereas Partial Hospitalization is an interim

treatment for prevention of hospitalization or as a step-down from hospitalization. Per Medicaid regulations, this program must be offered for 3 hours per day, although a participant may attend for less than this time.

YES	NO
<p>Psychoeducational activities.</p> <p>Recreational activities when used as a strategy to meet goals.</p> <p>Education to recipient and collaterals about mental health and substance abuse issues, medication, wellness, etc.</p> <p>Basic educational skills development.</p> <p>Prevocational activities</p> <p>Individual and group psychotherapy</p> <p>Behavioral interventions including token/ level systems structured behavior programs, etc.</p> <p>Supportive counseling.</p> <p>Community integration activities.</p> <p>Support groups.</p> <p>Modeling, positive reinforcements, redirection, de-escalation, anticipatory guidance, etc.</p> <p>Adaptive skills training in all functional domains—personal care, domestic, social, communication, leisure, problem- solving, etc.</p> <p>Family support services.</p> <p>Transporting recipients to the activities when part of the program day.</p>	<p>Education curriculum.</p> <p>Vocational activities.</p> <p>Writing treatment plans, service notes, etc.</p> <p>Staff travel time.</p> <p>Case Management functions.</p> <p>Outreach efforts when the recipient is absent from the program.</p> <p>Transporting the recipient to and from the day treatment/ PH program.</p>

Developmental Day

Developmental Day is a day/night service which provides individual habilitative programming for children with mental retardation, with or at risk for developmental disabilities, or atypical development in special licensed child care center. It is designed to meet the developmental needs of the children in an inclusive setting to promote skill acquisition in areas such as self-help, fine and gross motor skills, language and communication, cognitive and social skills in order to facilitate their functioning in a less restrictive environment. This service is also designed to meet child care needs of families and to provide family training and support.

GUIDELINES:

- (1) May only be provided in a licensed facility.
- (2) Specific professional services provided (routinely or occasionally) to clients of the day program by professionals not assigned to (or cost found for) the program, shall be reported and accounted for as a part of regular periodic services as defined (e.g., Screenings, Evaluations, individual or group Outpatient Treatment/Habilitation, for example).
- (3) Individual or Group interventions that meet the service definition and that are directed to child specific goals, over and above what is provided under the developmental day service, may be billed to Community Based Services (CBS) for the purpose of Funding System and Medicaid billing. HOWEVER, see cost finding note below
- (4) It may be provided:
 1. During the day to preschool aged children;
 2. preceding and following the school day during the months of local school operation to children under the age of 18; or
 3. during summer months, to both.
 - ◆ Before/After School and Summered Day facilities must have service available for a minimum of three hours per day (exclusive of transportation time), five days per week, during the months of local school operation. Before/After School and Summered Day facilities must have service available a minimum of eight hours per day (exclusive of transportation time), five days per week, during the weeks in which local school operation is closed for summer break. Individual children may attend for fewer hours. (See NC T10: 14V.2200)
 - ◆ Development Centers that operate while the local school is in normal operation must have services available for a minimum of eight hours per day (exclusive of transportation time), five days per week, twelve months a year. Individual children may attend for fewer hours. (See NC T10: 14V .2400):
- (5) Only direct client attendance time is to be reported.
- (6) Preparation, documentation and staff travel time are not to be reported.
- (7) Documentation in the client record is required.
- (8) Services provided to children who are sponsored by local schools (DPI) in the developmental day center, are to be reported and a revenue adjustment to be made; OR, such services can be excluded from both cost finding and event reporting in accordance with Funding System guidelines. All developmental day services to area program clients which are supported by area program funding are to be reported.
- (9) Required child-staff ratios are determined by calculating the required staff needed for developmental day rules as well as calculating the required staff needed for child care licensing rules for typically developing children. As long as the minimum child-staff requirement is met, then any additional staff may be used by Developmental Day facilities for ancillary services for which they are qualified and privileged to perform, such as CBS.

PAYMENT UNIT: Client hour, reported in decimal hours, rounding up to the nearest 15 minutes using the eight minute round up rule.

***COST FINDING NOTE:** If staff who are traditionally assigned to a developmental or other day program, are appropriately privileged and supervised to provide CBS services in the day setting, HRI may be reported on an hourly basis. HOWEVER, the related staff time, IM/S and other operating expenses related to CBS must be assigned to the Periodic Service Objective in Cost Finding. Client time spent reported to CBS cannot also be reported as Developmental Day. Special consultation, training, or other technical assistance regarding the multiple -aspects of "unbundling" is available to area programs on request.

Therapeutic Relationship and Interventions

There should be a supportive, therapeutic relationship between the provider and client [or primary caregiver of the client] which addresses and/or implements interventions outlined in the service plan in any of the following: scheduled or unstructured group activities, assistance in transitioning between activities, circle time, language arts activities, general staff-directed learning activities, incidental behavioral guidance and redirection, supervised play, snack and meal time, assistance in toileting and self help activities, child-directed activities, and incidental teaching during free play. Interventions also include the provision of family training and support. This definition does not include ancillary or additional services such as CBS, Case Management, or ST/PT/OT by licensed therapists, which are distinct services apart from developmental day and are, therefore, required to be reported separately.

Structure of Daily Living

Developmental day services are designed as specialized child care centers for the identified population. Early childhood services are provided in a structured, inclusive setting to offer developmentally appropriate activities, support, and guidance for the children enrolled. Developmental day must maintain a high child-staff ratio in order to address the developmental and holistic needs identified on the child's service plan [IFSP, IEP, etc.]. Developmental day also serves to improve each child's level of functioning, increasing coping and adaptive skills, and working toward preventing or minimizing more severe delays in the future.

Cognitive and Behavioral Skill Acquisition

This service provides developmentally appropriate opportunities that are based on the child and/or family's priorities, strengths, resources, and needs by addressing the functional areas associated with cognitive and/or behavioral development. The service focuses on improving the quality of the client's life, promoting skill acquisition, enhancing functional gains, and/or providing assistance to the family members/caregivers to better meet the child's needs.

Service Type

This is a day/night service in an inclusive setting. It is usually provided in group interventions by professional and/or paraprofessional staff under the direct supervision of a professional staff member. This service is not billable to Medicaid.

Resiliency/Environmental Intervention

This structured treatment modality targets developing, improving, or maintaining naturally occurring supports and relationships in an array of the client's natural environments.

Service Delivery Setting

This service provides direct services in a licensed child care facility.

Medical Necessity

The recipient is eligible for this service when there is an Axis I or II diagnosis present or the person has

a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a);

AND

NCSNAP, or children under age 3 determined to be eligible for early intervention services through procedures documented in the North Carolina Infant Toddler Program Manual (Bulletins 16 and 22) or, if over age 3, deemed eligible for services based on a documented developmental delay or disability.

AND

The client is experiencing difficulties in at least one of the following areas:

- A). The client's level of functioning is delayed or has not improved and may indicate a need for Developmental day services
- B). Child is in need of special instruction and/or specialized therapies because of identified risk factors or delays, as evidenced by the multidisciplinary assessment.
- C). Individual requires assistance, and/ or training to access community supports and for activities of daily living.

Service Order Requirement

A service order is not required for reimbursement by IPRS.

Continuation/Utilization Review Criteria

Services must be listed on the child's service plan [IFSP, etc.], subject to review on a 6-month cycle for children under age 3. For children age 3 and older, services must be listed on the child's service plan [IEP, etc.], subject to annual review.

Discharge Criteria

Children are discharged when they are no longer eligible for the service, when the family chooses to remove the child from the service, when the child has achieved the goals to the extent that services of a less restrictive level of care are indicated, or when the child "ages out" of the program.

Service Maintenance Criteria

Services must be listed on the child's service plan [IFSP, etc.], subject to review on a 6-month cycle for children under age 3. For children age 3 and older, services must be listed on the child's service plan [IEP, etc.], subject to annual review.

Provider Requirement and Supervision

Professional level-

Persons who meet the requirements specified for Professional status for the appropriate disability population or Qualified Professional Status for the appropriate disability population according to *10 NCAC 14V*. or the *N.C. Infant-Toddler Program Guidance for Personnel Certification (APSM 120-1)* may deliver developmental day services within the requirements of the staff definition specified in the above rule. Supervision is provided according to supervision requirements specified in *10 NCAC 14V* and according to licensure/certification requirements of the appropriate discipline. If school or preschool age children are served under contract with the Department of Public Instruction, a Preschool Handicapped, B-K, or Special Education certified teacher shall be employed for each 20 children or less. The type of certification shall be based on the ages of the children served.

Paraprofessional level-

Persons who meet the requirements specified for Paraprofessional status according to *10 NCAC 14V*. or the *N.C. Infant-Toddler Program Guidance for Personnel Certification (APSM 120-1)* may deliver developmental day services within the requirements of the staff definition specified in the above rule. Supervision of Paraprofessionals is also to be carried out according to *10 NCAC 14V*.

Documentation Requirements				
Minimum standard requires that services must be listed on the child's service plan.[IFSP, IEP, etc.] and a quarterly service note which summarizes the child's progress toward the goals and outcomes listed in the service plan.				
Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR – TS (MR/MI)
Not Billable	YP610	610	N/A	N/A

Emergency Coverage
Emergency services: Coverage are those costs and activities required maintaining emergency service response capability and coverage within the area program. It could include costs of actual staff time and or premiums paid to staff for being “on call”, costs of beeper, paging systems and 800-line costs as well as costs for contracts with hospital emergency rooms and outside vendors necessary to maintain acceptable emergency response capability within the catchment area. Earnings are based on 1/12 per month of the total annual cost of emergency services coverage based on previous year's cost finding.

FINAL DRAFT ***Please read the cover memo dated 1-15-04 prior to review of this document.**

25

Therapeutic Relationship and Interventions				
N/A				
Structure of Daily Living				
N/A				
Cognitive and Behavioral Skill Acquisition				
N/A				
Service Type				
This service is not Medicaid billable.				
Resiliency/Environmental Intervention				
N/A				
Service Delivery Setting				
N/A				
Medical Necessity				
N/A				
Service Order Requirement				
N/A				
Continuation/Utilization Review Criteria				
N/A				
Discharge Criteria				
N/A				
Service Maintenance Criteria				
N/A				
Provider Requirement and Supervision				
N/A				
Documentation Requirements				
N/A				
Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR – TS (MR/MI)
Not Billable	YP500	500	N/A	500

Evaluation (Bill as Outpatient Treatment)

Evaluation is an assessment service that provides for an appraisal of an area program service recipient in order to determine the nature of the recipient's problem and his/her need for services. The service may include an assessment of the nature and extent of the recipient's problem(s) through a systematic appraisal of the mental, psychological, physical, behavioral, functional, social, economic, and/or intellectual resources of the recipient. Evaluation is for the purposes of diagnosis and determination of the disability of the recipient, the recipient's level of eligibility, and the most appropriate plan for services

Therapeutic Relationship and Interventions				
N/A				
Structure of Daily Living				
N/A				
Cognitive and Behavioral Skill Acquisition				
N/A				
Service Type				
This is a periodic service. This service is Medicaid billable.				
Resiliency/Environmental Intervention				
N/A				
Service Delivery Setting				
This service is provided face-to-face in any location, with the capacity for emergency, around-the-clock evaluations.				
Medical Necessity				
N/A				
Service Order Requirement				
This service is covered by the agency’s standing order policy.				
Continuation/Utilization Review Criteria				
N/A				
Discharge Criteria				
N/A				
Service Maintenance Criteria				
N/A				
Provider Requirement and Supervision				
This service must be provided by a Qualified Professional or Associate Professional.				
Documentation Requirements				
Documentation must be maintained as a report in the service record or as a pending file.				
Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR –TS (MR/MI)
Y2305 90801/90802 92506 961XX 97001/97002 97003/97004	Y2305 90801/90802 92506 961XX 97001/97002 97003/97004	330	110	330

Evaluation

Evaluation services are similar to screenings with the primary difference being that evaluations are for **area program service recipients**. It would be expected that these services would be an ongoing part of a recipient's treatment.

YES	NO
<p>Clinical Evaluations- Psychiatric, Psychological, Intellectual, Psychosocial, Neuropsychological, Forensic, Developmental/Adaptive, OT, PT, Speech, Prevocational/Vocational, Educational, etc.</p> <p>Diagnostic Evaluations</p> <p>Direct contact with the recipient and significant others in the application of test instruments or structured interviews.</p> <p>Determination of Eligibility: CAFAS, NCFAS, GAF, DD, Screening/NC SNAP, AUDIT, DAST-10, ASAM Criteria, etc.</p> <p>Up to two hours of time spent in Facility-Based Crisis Programs when the recipient is not present for overnight treatment (i.e., midnight bed count.)</p>	<p>Requesting information</p> <p>Contacts with other agencies to gather needed information. Staff travel time.</p> <p>Telephone contact with the recipient or collaterals.</p> <p>Time spent writing treatment/ habilitation plans, documenting contracts, evaluation reports, etc.</p> <p>Filling out SALs, timesheets, etc.</p> <p>Time spent scoring test instruments, analyzing results and interpretive sessions by a Psychologist (Masters or Ph.D. level) qualified to do so,</p> <p>Time spent in preparation—reading reports, reviewing literature, synthesizing information, etc.</p>

Mandated Team Evaluation & Treatment/Habilitation Planning

There is one case where the State has mandated that certain evaluations, treatment/habilitation planning, and services be carried out jointly by a team of professionals:

- A. Multi-disciplinary assessments and treatment planning are mandated for all prospective and enrolled children 0-4 under P.L. 99-457 as amended; and
- B. Case management is a mandated service, and as such, more than one area program or contract agency staff person beyond the case manager may be involved in this mandated activity.

Mandated Team Evaluation and Treatment/Habilitation Planning is the service definition that is to be used for reporting of the time additional staff spend in these kinds of mandated activities [see guideline #1].

GUIDELINES:

- (1) The primary staff member involved in the service event should record the activity as appropriate to the situation -- *for example: screening, for individuals not yet registered as clients; evaluation or case management, for clients* -- additional staff involved in the service event should report the activity to *Mandated Team Evaluation and Treatment/Habilitation*.
- (2) Include face-to-face and telephone time in contact with other area program or contract agency staff only when the activity is mandated for a 99-457. Co-therapy and other joint service time is not to be included or reported, nor is supervisor/staff joint treatment/habilitation time.
- (3) Staff Travel Time to be reported separately.
- (4) Preparation/documentation time NOT to be reported.

Therapeutic Relationship and Interventions

N/A

Structure of Daily Living

N/A

Cognitive and Behavioral Skill Acquisition

N/A

Service Type

This service is not Medicaid billable.

Resiliency/Environmental Intervention

N/A

Service Delivery Setting

May be provided at any location.

Medical Necessity

N/A

Service Order Requirement

N/A

Continuation/Utilization Review Criteria

N/A

Discharge Criteria

N/A

Service Maintenance Criteria

N/A

Provider Requirement and Supervision

N/A

Documentation Requirements				
Documentation is required in reports, event tickets, a staff activity log or a pending file. Whoever is responsible for written required documentation on assessment forms or on service notes in the client service record, shall list all staff who were involved in the activity.				
Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR – TS (MR/MI)
Not Billable	YP340	340	N/A	340

Outpatient Treatment	
Outpatient Treatment is a service designed to meet the clinically significant behavioral or psychological	

symptoms or patterns that have been identified as treatment needs of the recipient. This service is provided through scheduled therapeutic treatment sessions. The service may be provided to an individual, families, or groups. This service includes: counseling, psychotherapy, medication therapy, and other special therapy* and collateral work with family (or substitute family) members of a service recipient.

*Occupational therapy, physical therapy, speech therapy and audiological services are not billed as Outpatient Treatment. These services are billed using CPT codes where the licensed therapist follows the practice guidelines, service order, and prior approval requirements for their respective discipline. These practice guidelines apply regardless of the source of funding for the service. The prior approval requirements for the outpatient specialized therapies can be found in the September 2002 Special NC Medicaid Bulletin which can be accessed via the Division of Medical Assistance website www.dhhs.state.nc.us/dma/.

Note: Screening, Evaluation, and Case Consultation are core services that can be billed as Outpatient Treatment Services, with a standing order. The intent of these core services is to facilitate access to MH/DD/SA services, including crisis intervention and stabilization. Core services do not require prior authorization up to the limit noted below (screening).

Therapeutic Relationship and Interventions

There should be a supportive and therapeutic relationship between the provider and service recipient or primary caregiver which addresses and/or implements the interventions outlined in the service plan in any one of the following:

- A. mental health therapy,
- B. medication administration and monitoring,
- C. behavioral counseling,
- D. counseling for substance abuse issues including methadone treatment and outpatient detoxification services,
- E. education about mental health and/or substance abuse issues, and
- F. other covered services for recipients with only a primary developmental disability diagnosis which are limited to physical therapy, speech therapy, or occupational therapy..

Structure of Daily Living

This service is designed as a structured face-to-face therapeutic intervention to provide support and guidance in preventing, overcoming, or managing identified needs on the service plan to aid with improving level of functioning, increasing coping abilities or skills, or sustaining a successful level of functioning on an outpatient basis.

Cognitive and Behavioral Skill Acquisition

This service includes interventions that:

- A. address functional problems associated with affective or cognitive problems and/or the recipient's diagnostic conditions;
- B. are strength-based and focused on improving the quality of the recipient's life and/or providing assistance to the caregiver in better meeting the needs of the recipient in the most natural environment;
- C. prescribe to alleviating the identified need(s) as well as assistance with skill acquisition/or enhancement and support of functional gains.

Service Type

This is a periodic, professional level service that may be offered on an individual or group basis. Outpatient-Group services may be reimbursed up to 2 hours and 45 minutes. This service is Medicaid billable.

Resiliency/Environmental Intervention
This service may focus on assisting the individual, family or group to meet the treatment needs of the recipient in any location. This structured treatment modality targets developing, improving, or maintaining naturally occurring supports and relationships in the recipient's natural environment, both formal and informal
Service Delivery Setting
This service provides direct, face-to-face contact with the individual, the family or group in any location.
Medical Necessity
<p>The recipient is eligible for this service when:</p> <p>A. An Axis I or II diagnosis is present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)</p> <p>NOTE: Medicaid and Health Choice recipients are allowed six preventive visits before a diagnosis has to be established</p> <p style="text-align: center;">AND</p> <p>B. LOC A for group/LOC B for individual/NC-SNAP (NC Supports/Needs Assessment Profile)/ASAM (American Society for Addiction Medicine)</p> <p style="text-align: center;">AND</p> <p>C. The recipient is experiencing difficulties in at least one of the following areas:</p> <ol style="list-style-type: none"> 1. functional impairment, 2. crisis intervention/diversion/aftercare needs, and 3. at risk for placement outside of the natural home setting: <p style="text-align: center;">AND</p> <p>D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any one of the following apply:</p> <ol style="list-style-type: none"> 1. Unable to remain in the family or community setting due to symptoms associated with diagnosis, therefore being at risk for out of home placement, hospitalization, and/or institutionalization. 2. Intensive, verbal and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting. 3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with diagnosis. 4. Functional problems which may result in the recipient's inability to access clinic based services in a timely or helpful manner. 5. Persistent or recurring behaviors or symptoms that result in the need for crisis services contacts, diversion from out of home placement related to MH/DD/SAS diagnosis, or voluntary commitment within the relevant past. 6. Service is a part of an aftercare planning process (time limited step down or transitioning) and is required to avoid returning to a higher, more restrictive level of service. 7. Medication administration and monitoring has alleviated limited symptoms, but other treatment interventions are needed. <p><i>*Note: The first twenty-six (26) visits for a child and the first eight (8) visits adult during the fiscal year do not require prior authorization.</i></p>
Service Order Requirement
For Medicaid reimbursement, this service must be ordered by a primary care physician, psychiatrist, or a licensed psychologist. The specialized outpatient therapies (i.e., speech and language therapy, physical therapy, and occupational therapy) must be ordered by a licensed physician, nurse practitioner, or physician assistant. All service orders must be made prior to or on the day service is initiated.

Continuation/Utilization Review Criteria				
<p>The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the recipient's service plan, or the recipient continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:</p> <ul style="list-style-type: none"> A. Recipient has achieved initial service plan goals and additional goals are indicated. B. Recipient is making satisfactory progress toward meeting goals. C. Recipient is making some progress, but the service plan (specific interventions) needs to be modified so that greater gains, which are consistent with the recipient's premorbid level of functioning, are possible or can be achieved. D. Recipient is not making progress; the service plan must be modified to identify more effective interventions. E. Recipient is regressing; the service plan must be modified to identify more effective interventions. <p style="text-align: center;">AND</p> <p>Utilization review must be conducted after the first twenty six visits for children and after the first eight visits for adults during the fiscal year and be so documented in the service record.</p>				
Discharge Criteria				
<p>Recipient's level of functioning has improved with respect to the goals outlined in the service plan, inclusive of a transition plan to step down; or no longer benefits; or has the ability to function at this level of care and any of the following apply:</p> <ul style="list-style-type: none"> A. Recipient has achieved goals, discharge to a lower level of care is indicated. B. Recipient is not making progress, or is regressing and all realistic treatment options have been exhausted. <p><i>*Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.</i></p>				
Service Maintenance Criteria				
<p>If the recipient is functioning effectively with this service and discharge would otherwise be indicated, outpatient services should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:</p> <ul style="list-style-type: none"> A. Past history of regression in the absence of outpatient services is documented in the service record. <p>OR</p> <ul style="list-style-type: none"> B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach. <p><i>*Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.</i></p>				
Provider Requirement and Supervision				
<p>Outpatient services are provided by Qualified Professional, and/or a Professional who is eligible to bill CPT codes based on their licensure and/or certification.</p>				
Documentation Requirements				
<p>Minimum standard is a full service note per intervention that includes the purpose of contact, describes the provider's intervention(s), and the effectiveness of the intervention.</p>				
Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR –TS (MR/MI)

CPT Codes 90801 through 90853, 90782, 90862 92506 -- 92508 HCPCS Codes: Alcohol/ Drug Assessment H0001 Alcohol/ Drug Screening H0002 Alcohol/Drug Indiv. Counseling H0005 Alcohol/Drug Group Counseling H0015 Individual: Y2305 Group: Y2306 Speech and language therapists, physical therapists, occupational therapists, and audiologists shall use the CPT code appropriate to their discipline and the service provided.	Individual: Y2305 Group: Y2306 CPT Codes HCPCS Codes The specialized outpatient therapists (ST, PT, OT) shall use CPT code appropriate to their discipline and the service provided.	Individual: 420 Group: 421 Y2305	Individual: 110 Group: 116	Individual: 420 Group: 421
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Personal Assistance

Personal Assistance is a support service which provides aid to a client so that the client can engage in activities and interactions from which the client would otherwise be limited or excluded because of his disability or disabilities. The assistance includes: (1) assistance in personal or regular living activities in the client's home, (2) support in skill development, or (3) support and accompaniment of the client in regular community activities or in specialized treatment, habilitation or rehabilitation service programs.

GUIDELINES:

- 1) Include face-to-face time providing assistance to the client and time spent transporting the

<p>individual to or from services.</p> <p>2) Homemaker and Personal Care which are not directed at training new client skills and other similar services are to be reported in this category.</p> <p>3) This service is usually provided by non-professionals--with the single goal of providing assistance to the client so s/he can function in more normal environments. When professionals provide this service in addition to habilitation or treatment during the same time period, the outpatient treatment (or other relevant code) should be given precedence for reporting and those documentation requirements shall be met.</p> <p>4) Staff Travel Time to be reported separately.</p> <p>5) Preparation/documentation time NOT reported.</p>
Therapeutic Relationship and Interventions
There should be a supportive therapeutic relationship between the provider and the client which addresses and/or implements interventions outlined in the service plan. These may include 1) assistance in personal or regular living activities in the client's home, (2) support in skill development, or 3) support and accompaniment of the client in regular community activities or in specialized treatment, habilitation or rehabilitation service programs.
Structure of Daily Living
This service focuses on providing or assisting individuals in homemaking and personal care activities to enable the individual to remain in the least restrictive environment.
Cognitive and Behavioral Skill Acquisition
This service is intended to assist individuals to live as independently as possible.
Service Type
Personal Assistance is a periodic service. This service is not Medicaid billable.
Resiliency/Environmental Intervention
This service focuses on assisting the individuals in becoming connected to naturally occurring support systems and relationships in the community to provide and enhance opportunities for meaningful community participation.
Service Delivery Setting
This service can be provided - in any location.
Medical Necessity
<p>A. There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)</p> <p>AND</p> <p>B. Level of Care Criteria, NCSNAP/ASAM</p> <p style="text-align: center;">AND</p> <p>C. The recipient is experiencing difficulties in at least one of the following areas:</p> <ol style="list-style-type: none"> 1. Functional impairment 2. crisis intervention/diversion/aftercare needs, and/or 3. at risk of placement outside the natural home setting. <p>AND</p> <p>D. The recipient's level of functioning has not been restored or improved and may indicate a need for</p>

clinical interventions in a natural setting if any of the following apply:				
<ol style="list-style-type: none"> 1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis. 2. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting. 3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis. 4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities. 				
Service Order Requirement				
N/A				
Continuation/Utilization Review Criteria				
The client continues to have needs that are met by this service definition.				
Discharge Criteria				
Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:				
<ol style="list-style-type: none"> 1. Consumer has achieved service plan goals, discharge to a lower level of care is indicated. 2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted. 				
Service Maintenance Criteria				
If the recipient is functioning effectively with this service and discharge would otherwise be indicated, personal assistance should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:				
A. Evidence that gains will be lost in the absence of personal assistance is documented in the service record.				
OR				
B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach.				
<i>*Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.</i>				
Provider Requirement and Supervision				
Direct care providers shall meet the competencies and supervision requirements as specified in 10 NCAC 14V .0202 and .0204.				
Documentation Requirements				
Documentation is required as specified in the Service Records Manual.				
Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR – TS (MR/MI)
Not Billable	Individual - YP020 Group – YP021	020 021	N/A N/A	020 021

Quality Assurance (QA) Peer Review

Quality Assurance Peer Review Activity is an indirect service designed to review and provide feedback to service providers regarding the quality of the care provided in accordance with an area program quality assurance plan or in peer review through cross-area quality assurance reviews.

GUIDELINES:

- (1) Only direct care staff time spent in the following activities are to be reported:
 - a. local quality assurance committee meetings;
 - b. review of client records for assessment in accordance with local quality assurance plan;
 - c. direct observation of programs to assess, confirm or disconfirm the information in client records; and
 - d. review of plans and activities of another area program's quality assurance as a part of cross-area reviews.
- (2) Staff Travel to/from cross-area reviews to be reported separately.
- (3) Planning/documentation time NOT reported.

Therapeutic Relationship and Interventions				
N/A				
Structure of Daily Living				
N/A				
Cognitive and Behavioral Skill Acquisition				
N/A				
Service Type				
This service is not Medicaid billable.				
Resiliency/Environmental Intervention				
N/A				
Service Delivery Setting				
N/A				
Medical Necessity				
N/A				
Service Order Requirement				
N/A				
Continuation/Utilization Review Criteria				
N/A				
Discharge Criteria				
N/A				
Service Maintenance Criteria				
N/A				
Provider Requirement and Supervision				
N/A				
Documentation Requirements				
Documentation is required in meeting minutes, reports, or a staff activity log of some kind				
Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Not Billable	YP180	180	N/A	180

Residential Supports	
<p>Residential Supports is a service definition that allows for all habilitation/support services provided on behalf of an individual in a residential setting to be delivered under one service heading and reported in an aggregate daily record.</p> <p>Individual services and supports which may be included in this service are those generally understood as support or habilitation services: Such services and supports may include assistance with acquisition, retention, or improvement in skills related to activities of daily living, such as</p> <ul style="list-style-type: none"> • Personal grooming and cleanliness, • Bed making and household chores, • Eating and the preparation of food, and • The social and adaptive skills necessary to enable the individual to reside in the least restrictive and most normalized community-based residential setting possible. <p>Services otherwise provided under the following periodic services may be provided under this code:</p>	

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Personal Assistance
Community Based Service
Personal Care Services-Individual
Therapeutic Intervention/Crisis Prevention
Professional Treatment Services in

ment.

38

GUIDELINES

1. Payments for Residential Supports are not made for room and board, the cost of facility maintenance, upkeep and improvement, other than such costs for modifications or adaptations to a facility required to assure the health and safety of residents, or to meet the requirements of the applicable life safety code;
2. Payment for residential habilitation does not include payments made to members of the individual's immediate family;
3. Payments will not be made for the routine care and supervision which would be expected to be provided by a family or group home provider;
4. Whereas the completion of a daily record is sufficient for the purposes of billing this service definition, records of individual services provided to the individual must be maintained for the purposes of an audit accountability.

Therapeutic Relationship and Interventions

There should be a supportive therapeutic relationship between the provider and the client which addresses and/or implements interventions outlined in the service plan.

Structure of Daily Living

This service is focused on the implementation of strategies and activities in the person's service plan that support personal interaction, enhanced social roles and community membership.

Cognitive and Behavioral Skill Acquisition

This service is intended to assist individuals to live as independently as possible.

Service Type

Social Inclusion is a periodic service. This service is not billable to Medicaid.

Resiliency/Environmental Intervention

This service focuses on assisting individuals in becoming connected to naturally occurring support systems and relationships in the community to provide and enhance opportunities for meaningful community participation.

Service Delivery Setting

This service can be provided in any location.

Medical Necessity

A. There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)

AND

B. Level of Care Criteria, Level NCSNAP/ASAM

AND C. The recipient is experiencing difficulties in at least one of the following areas:

1. functional impairment
2. crisis intervention/diversion/aftercare needs, and/or
3. at risk of placement outside the natural home setting.

AND

D. The recipient's level of functioning has not been restored or improved and may indicate a need for

clinical interventions in a natural setting if any of the following apply:				
<ol style="list-style-type: none"> 1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis. 2. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting. 3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis. 4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities. 				
Service Order Requirement				
N/A				
Continuation/Utilization Review Criteria				
The client continues to have needs that are met by this service definition.				
Discharge Criteria				
Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:				
<ol style="list-style-type: none"> 1. Consumer has achieved service plan goals, discharge to a lower level of care is indicated. 2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted. 				
Service Maintenance Criteria				
If the recipient is functioning effectively with this service and discharge would otherwise be indicated, Residential Supports should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:				
<ol style="list-style-type: none"> 1. Evidence that gains will be lost in the absence of Residential Supports is documented in the service record. 				
OR				
<ol style="list-style-type: none"> 2. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach. 				
<i>*Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.</i>				
Provider Requirement and Supervision				
Direct care providers shall meet the competencies and supervision requirements as specified in 10 NCAC 14V .0202 and .0204.				
Documentation Requirements				
Documentation is required as specified in the Service Records Manual.				
Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Not Billable	YM850	N/A	N/A	850

Screening (Bill as Outpatient Treatment)	
Screening is a triage activity which provides for an appraisal of recipients who are not area program consumers as well as those who are currently involved in treatment. This service is designed to determine the nature of the individual's problem and his need for services. The determination of the nature and extent of an individual's problem may include a systematic appraisal of the mental, psychological, physical, behavioral, functional, social, economic and/or intellectual resources of the individual for the purpose of diagnosis.	
Therapeutic Relationship and Interventions	
N/A	
Structure of Daily Living	
N/A	
Cognitive and Behavioral Skill Acquisition	
N/A	
Service Type	
This is a periodic service that is Medicaid billable.	
Resiliency/Environmental Intervention	
N/A	

Service Delivery Setting				
This service is provided face-to-face in any location or telephonically.				
Medical Necessity				
N/A				
Service Order Requirement				
This service is covered under the provider's standing order policy.				
Continuation/Utilization Review Criteria				
N/A				
Discharge Criteria				
N/A				
Service Maintenance Criteria				
N/A				
Provider Requirement and Supervision				
This service is provided by a Qualified Professional.				
Documentation Requirements				
Documentation for active clients is a full service note. Documentation for non-consumers shall be in a separate or pending file. For those recipients requiring more than two screenings within a 60-day period, a client record shall be opened.				
Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Y2305	Y2305	310	110	310

SCREENING

Screening is a service for both existing clients and non-clients designed to assess the nature of a person's problems and need for services. Those activities that are typical of this service are:

YES	NO
Developing provisional diagnoses.	Staff travel time.

Intake and after-hour screenings.	Documenting in pending files, activity logs, etc.
Direct contact with the potential consumer and significant other to gather needed information.	Telephone time with the potential consumer and significant others when NOT a part of a structured interview.
Time spent scoring psychological /test instruments, analyzing results and interpretative sessions by a psychologist (Masters or Ph.D. level) qualified to do so, not to exceed the time spent administering the test.	Time spent writing the evaluation report.
Telephone time with the potential consumer, existing client, or significant others when engaged in a structured interview conducted by a clinician as part of the assessment process.	Time spent scoring the psychological instrument, analyzing results or interpretive sessions by staff other than a psychologist (Masters or Ph.D. level) qualified to do so.
Telephone time in making referrals to other agencies.	

Social Inclusion

Social Inclusion applies to the implementation of the strategies and activities in the person's service plan that support personal interaction, enhanced social roles and community membership. Social Inclusion activities provide an opportunity for the person to spend time with all people in the community. Social Inclusion activities also promote meaningful interactions with others and lead to enhanced personal relationships, expanded social roles and deeper involvement in community activities. Activities and strategies addressed by this service should enhance the person's ability and opportunity to perform valued social roles that encourage them to enhance their status as community members. Activities and

strategies necessary to promote inclusion as well as those necessary to eliminate obstacles inhibiting inclusion are supported by this service. Fees and costs associated with normal social activities, such as admission fees and tickets to social events, meals and alternative transportation may be reimbursed through this service. The following are examples of events that may be reimbursed through this service:

- May be billed to facilitate an individual's involvement and integration in settings where persons represent a cross-section of individuals in the community;
- Facilitating and/or participating in Circle of Support activities;
- Planning, conducting/participating in social activities such as attending athletic events, cultural events with friends and participating in community activities and organizations;
- Joining community organizations such as churches, social clubs and service organizations;
- Participating in volunteer activities;
- Involvement in avocations and activities such as hobbies and leisure pursuits.

GUIDELINES

1. Support to be documented describing:
 - a. Activity that occurred;
 - b. Progress or lack of progress attained toward social interaction, inclusion and/or relationship building; and
 - c. Change or elimination of strategy implemented.
2. Social Inclusion is delivered by a para-professional who has demonstrated the competencies to perform the service.
3. Staff travel time to promote social inclusion activity/support is included
4. Documentation time is not reported.
5. Documentation is required in the client record.

Therapeutic Relationship and Interventions

There should be a supportive therapeutic relationship between the provider and the client which addresses and/or implements interventions outlined in the service plan.

Structure of Daily Living

This service is focused on the implementation of strategies and activities in the person's service plan that support personal interaction, enhanced social roles and community membership.

Cognitive and Behavioral Skill Acquisition

This service is intended to assist individuals to live as independently as possible.

Service Type

Social Inclusion is a periodic service. This service is not Medicaid billable.

Resiliency/Environmental Intervention

This service focuses on assisting individuals in becoming connected to naturally occurring support systems and relationships in the community to provide and enhance opportunities for meaningful community participation.

Service Delivery Setting

This service can be provided in any location.

Medical Necessity

A. There is an Axis I or II diagnosis present. or the person has a condition that may be defined as a

developmental disability as defined in GS 122C-3 (12a)

AND

B. Level of Care Criteria, Level NCSNAP/ASAM

AND

C. The recipient is experiencing difficulties in at least one of the following areas: 1. functional impairment 2. crisis intervention/diversion/aftercare needs, and/or at-risk of placement outside the natural home setting.

AND

D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:

1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.
2. Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting.
3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.
4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.

Service Order Requirement

N/A

Continuation/Utilization Review Criteria

The client continues to have needs that are met by this service definition.

Discharge Criteria

Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:

1. Consumer has achieved service plan goals, discharge to a lower level of care is indicated.
2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.

Service Maintenance Criteria

If the recipient is functioning effectively with this service and discharge would otherwise be indicated, personal assistance should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

A. Evidence that gains will be lost in the absence of personal assistance is documented in the service record.

OR

B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV diagnosis would necessitate a disability management approach.

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

Provider Requirement and Supervision

Direct care providers shall meet the competencies and supervision requirements as specified in 10 NCAC 14V .0202 and .0204.

Documentation Requirements				
Documentation is required as specified in the Service Records Manual.				
Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Not Billable	Individual – YM570 Group – YM571	N/A	N/A	570 571

Staff Travel – Professional & Paraprofessional

Staff Travel Time is the amount of time a direct care staff member spends travelling in order to deliver most periodic services and supported employment-individual services.

GUIDELINES:

- 1) Documentation may be maintained on a travel log or event ticket.
- 2) Only reportable when time is documented to a specific reportable service event. Time may be reported when a service event is intended but the recipient is absent when staff arrive at the expected location.
- 3) Because After-Hours Services are paid for on a coverage hour basis, staff travel related to the delivery of such services is not to be reported.
- 4) When transportation is provided to a client, the time should be reported as Case Management, Case Support, or Personal Assistance as appropriate.
- 5) Staff travel time related to Hourly Respite; Personal Assistance; Community Based Services should be reported Staff Travel – Paraprofessional; Staff travel time related to other services should be reported as Staff Travel – Professional

Therapeutic Relationship and Interventions				
N/A				
Structure of Daily Living				
N/A				
Cognitive and Behavioral Skill Acquisition				
N/A				
Service Type				
This service is not Medicaid billable.				
Resiliency/Environmental Intervention				
N/A				
Service Delivery Setting				
N/A				
Medical Necessity				
N/A				
Service Order Requirement				
N/A				
Continuation/Utilization Review Criteria				
N/A				
Discharge Criteria				
N/A				
Service Maintenance Criteria				
N/A				
Provider Requirement and Supervision				
N/A				
Documentation Requirements				
N/A				
Appropriate Service Codes				
Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Not Billable	Professional: YP498 Paraprofessional: YP499	Periodic Services: 495 Professional: 498 Paraprofessional: 499	N/A	Periodic Services: 495 Professional: 498 Paraprofessional: 499

Therapeutic Intervention/Crisis Prevention

Therapeutic Intervention/Crisis Prevention (TI/CP) is a service provided to adults, age 18 or older, who have a diagnosis of mental health, substance abuse, or developmental problems, and require the intervention and/or support of persons with skills and expertise usually associated with professional levels of training and credentialing.

Education/training of caregivers, service providers, and others who have a legitimate role in addressing the needs identified in the service plan may also be provided as part of Therapeutic Intervention/Crisis Prevention.

Therapeutic Intervention/Crisis Prevention, when provided on a periodic basis, is designed to treat adults who have a high degree of existing mental health, substance abuse or developmental problems. TI/CP is a service defined to encourage responses to a broad range of client needs; from intervention with persons who are at risk of developing emotional, developmental or substance abuse problems, to the provision of wrap around services to persons with serious emotional disturbances. This includes support for re-understanding socially inappropriate or dysfunctional behaviors. TI/CP is derived from the behavioral sciences and involves the use of knowledge drawn from the study of human development,

family/social processes, group process, mental health, motivation and learning theory. It ranges from simple skill development to complex psychological maturation.

Crisis Prevention services are an essential element of TI/CP. The key to using TI/CP for short-term crisis situations is based upon an active relationship with the client, crisis planning, symptom assessment and active intervention.

The primary objectives of TI/CP activities are to support the individual to:

1. understand him/herself and others better;
2. acquire an increased range of adaptive and functional skills across all developmental domains;
3. increase his/her ability to apply understanding and skills in everyday life situations;
4. reduce the presentation of inappropriate and/or dysfunctional behaviors;
5. develop coping strategies which can be associated with improving functional impairments;
6. be better able to enter into positive relationships with others; and
7. be better able to enter into trusting, caring, and loving relationships with others.

GUIDELINES:

1. This service can be provided in a variety of settings.
2. Each Area Mental Health Program is to develop specific criteria to distinguish between professional and paraprofessional staff and the definition of medical necessity.
3. The factors that constitute medical necessity for TI/CP are more flexible than for other services since the service is designed to prevent deterioration of mental capacity and foster healthy development.
4. The client's clinical status, presenting problem and treatment needs will be reflected in the Admission Assessment/Update.
5. Staff travel to provide TI/CP is to be included here.
6. Consultative time with agency or contract staff is not billed to this service since this would be a part of clinical supervision and therefore incorporated into the service utilization rate.
7. The determination of clinical status is typically made based upon diagnostic and psychosocial factors.
8. Travel is included in this.

The service is especially geared toward improving the individual's level of functioning. Staff who provide this service can enhance a client's level of functioning through interventions such as role modeling, training functional living skills and one-on-one therapeutic interactions to encourage future relationships with significant others.

Therapeutic Relationship and Interventions

There should be a supportive therapeutic relationship between the provider and the client which addresses and/or implements interventions outlined in the service plan.

Structure of Daily Living

This service is focused on the implementation of strategies and activities in the person's service plan that support personal interaction, enhanced social roles and community membership.

Cognitive and Behavioral Skill Acquisition

This service is intended to assist individuals to live as independently as possible.

Service Type

TI/CP is a periodic service. This service is not Medicaid billable.

Resiliency/Environmental Intervention

This service focuses on assisting individuals in becoming connected to naturally occurring support

systems and relationships in the community to provide and enhance opportunities for meaningful community participation.
Service Delivery Setting
This service can be provided in any location.
Medical Necessity
<p>A. There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)</p> <p>AND</p> <p style="text-align: center;"><u>B. Level of Care Criteria, Level NCSNAP/ASAM</u></p> <p>AND</p> <p>C. The recipient is experiencing difficulties in at least one of the following areas:</p> <p>1.functional impairment</p> <p style="padding-left: 40px;">2.crisis intervention/diversion/aftercare needs, and/or</p> <p style="padding-left: 40px;">3.at risk of placement outside the natural home setting.</p> <p>AND</p> <p>D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:</p> <p style="padding-left: 40px;">1.At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.</p> <p style="padding-left: 40px;">2.Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting.</p> <p style="padding-left: 40px;">3.At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.</p> <p style="padding-left: 40px;">4.Requires a structured setting to foster successful integration into the community through individualized interventions and activities.</p>
Service Order Requirement
N/A
Continuation/Utilization Review Criteria
The client continues to have needs that are met by this service definition.
Discharge Criteria
<p>Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:</p> <p style="padding-left: 40px;">1.Consumer has achieved service plan goals, discharge to a lower level of care is indicated.</p> <p style="padding-left: 40px;">2.Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.</p>
Service Maintenance Criteria
<p>If the recipient is functioning effectively with this service and discharge would otherwise be indicated, personal assistance should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:</p> <p>A. Evidence that gains will be lost in the absence of personal assistance is documented in the service record.</p> <p style="text-align: center;">OR</p> <p>B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM IV</p>

diagnosis would necessitate a disability management approach.

**Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.*

Provider Requirement and Supervision

Direct care providers shall meet the competencies and supervision requirements as specified in 10 NCAC 14V .0202 and .0204.

Documentation Requirements

Documentation is required as specified in the Service Records Manual.

Appropriate Service Codes

Medicaid	IPRS	Pioneer	UCR-WM (CTSP)	UCR-TS (MR/MI)
Not Billable	Individual – YM 450 Group – YM451	N/A	N/A N/A	450 451